

2022



BENEFITS
GUIDE

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Olathe Public Schools appreciates your commitment to our students. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefit plans. We understand that you may have questions about enrollment, and we'll do our best to help you understand your options and guide you through the process.

This guide is not your only resource. Anytime you have questions about benefits or the enrollment process, you can contact your human resources representative at 913.780.8024. Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan descriptions (SPD) on the HR website: www.olatheschools.org/Page/10104.



Eligibility

Open enrollment is your opportunity to elect coverage in Olathe Public Schools’ benefit options. Open enrollment will take place from Oct. 25-Nov. 12. All elections must be made during this period and will remain effective through Dec. 31, 2022. See page 5 for more info on how to enroll in benefits.

Eligible employees

Staff	No. of hours per week	Eligible for benefits
Classified	17.5-29	All benefits except medical
Classified	30-40	All benefits
Certified	17.5-19	All benefits except medical
Certified	20-40	All benefits

Dependent eligibility

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- Your legal spouse
- Your children up to the year they turn 26. This includes your natural children, adopted children, stepchildren, foster children or children obtained through court-appointed legal guardianship. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided to and approved by HR. Additionally, children who have been named in a QMCSO are covered by our plan.

Two-employee family coverage

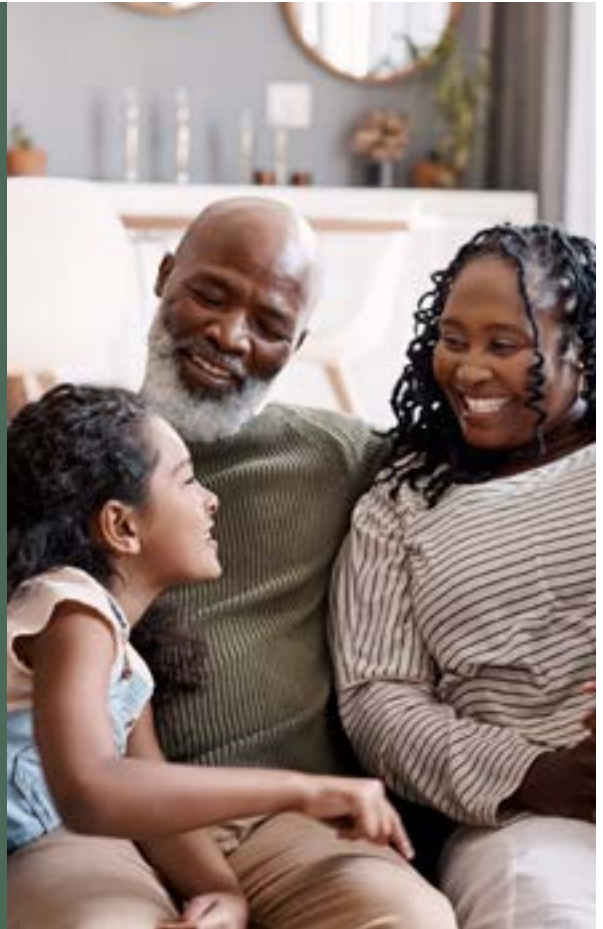
If both spouses work in a position that is eligible for medical benefits and you are enrolling dependent children on the medical plan, please email your Human Resources representative at benefits@olatheschools.org to register as a two-employee family. One spouse will need to be enrolled as the primary medical policy holder, and the other spouse and children will be dependents on the plan.

Qualifying life events

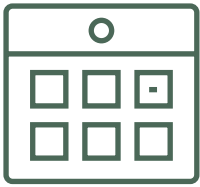
If you want insurance coverage in 2022 for yourself or your family, you must enroll within 30 days of your benefits effective date. During the year, if you need to add or remove coverage for yourself or your dependents, you must wait until the next open enrollment period, unless you have a qualifying life event as defined by the IRS.

Here are some examples of qualifying life events:

- Birth, legal adoption or placement for adoption.
- Marriage, divorce or legal separation.
- Dependent child reaches age 26.
- Spouse or dependent loses or gains coverage elsewhere.
- Death of your spouse or dependent child.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children's health insurance program.
- Change in residence that changes coverage eligibility.
- Court-ordered change.
- Spouse's open enrollment that occurs at a different time than yours.



The IRS requires that you make changes to your coverage within 30 days of your qualifying life event. You'll need to provide proof of the event, such as a marriage certificate, divorce decree, birth certificate or loss-of-coverage letter. It is your responsibility to notify human resources through the benefits email benefits@olatheschools.org or call 913.780.8024.



How to enroll in benefits

Employee Navigator

Enrollment is conducted using Employee Navigator, an online self-service enrollment tool. Employee Navigator will walk you step-by-step through enrolling and making elections for the 2022 plan year. A registration email will be sent to all benefits-eligible employees that will include instructions on how to access Employee Navigator's enrollment tool and create an account.

NOTE: You must actively accept or decline coverage for all benefits during enrollment. If waiving all coverages, you will still need to log in and decline all coverage.

Using Employee Navigator

- First-time users: click on your registration link in the email sent to you to create your online account. If you did not receive an email, go to www.employeenavigator.com/benefits/account/register and then select "Register as a New User." **The company identifier is OPSD.** You will need to have your date of birth and the last four digits of your Social Security number as well. Returning users: go to www.employeenavigator.com/benefits/account/login and click Login.
- After you log in, click "Start Enrollment" to begin your enrollments.
- Review or complete your personal information and dependent information (if applicable) before moving to your benefit elections. If you plan to enroll a dependent, you will need to provide their date of birth and correct Social Security number.
- When making benefit elections, click the checkbox next to your dependents for each plan to enroll them in the benefit. Then review the available plans and cost per pay period.
- To enroll in the benefit click "SELECT" to select the plan and then at the bottom of the page click the "Save & Continue" button, and Employee Navigator will move to the next benefit. If the elected benefit requires a beneficiary designation or evidence of insurability (EOI), you will be prompted to add in those details.
- To decline the benefit, click "Don't Want This Benefit" blue button at which point a pop-up appears and will ask you to select the reason for declining and then you will be moved to the next benefit.
- Once you are finished enrolling, review the benefits you selected on the enrollment summary page to make sure they are correct, then click Sign & Agree to complete your enrollment. You can either print a summary of your elections for your records or log in at any point to view your summary online.



Medical insurance

Blue Cross Blue Shield of Kansas City | www.bluekc.com | 816.395.2270

Olathe Public Schools is committed to helping you and your dependents maintain health and wellness by providing you with access to the highest levels of care. If you are an eligible employee, you have the choice between six medical plan options through Blue Cross Blue Shield of Kansas City.

1. \$2,800 HDHP BlueSelect Plus
2. \$1,500 PPO BlueSelect Plus
3. \$2,800 HDHP Spira Care
4. \$2,000 EPO Spira Care
5. \$2,800 HDHP Preferred-Care Blue
6. \$1,500 PPO Preferred-Care Blue

The \$2,800 HDHP and \$2,000 EPO Spira Care plans have no out-of-network coverage, with the exception of an emergent situation. Please make sure to carefully review the network of providers available to ensure there will be adequate coverage to meet the healthcare needs of you and any dependents you choose to cover.

The other four plans will provide coverage if you use out-of-network providers; however, you will reduce your out-of-pocket costs by using in-network providers due to the significant discounts Blue Cross Blue Shield has negotiated. If you choose to go out-of-network, you'll be responsible for the difference between the actual charge and Blue Cross/Blue Shield's UCR (Usual, Customary and Reasonable) charge, plus your out-of-network deductible and coinsurance.

Both the \$2,800 HDHP Spira Care and the \$2,800 HDHP BlueSelect Plus plans offer you significantly lower premiums than the other plan options and also allows you to establish a health savings account (HSA) where you can contribute all or part of your premium savings into the HSA. **For those employees who enroll in one of these two medical plan options, the District will contribute \$140 per month to your HSA!** These funds can be used to cover medical expenses, including deductibles, and they're yours forever — even if you leave Olathe Public Schools. Unlike a flexible spending account (FSA), any unused funds in your HSA are not forfeited at the end of each calendar year. You can find additional information on HSAs on pages 16 and 17.

The \$2,800 HDHP Preferred-Care Blue plan will also allow you to set up an HSA account, but the District will not contribute to your HSA with this plan option.

Understanding your network options

Preferred-Care Blue network

- Blue KC's broadest network of healthcare providers and hospitals with coverage in both Metro and Non-KC Metro areas.
- Includes 6,200 in-network physicians and specialists and 50 hospitals.
- In- and out-of-network coverage, as well as national and international coverage through Blue Card.

BlueSelect Plus network

- Blue KC's high-performance network with access to care within the Kansas City metropolitan area.
- Includes 3,600 in-network physicians and specialists and 10 top hospitals (AdventHealth Shawnee Mission, Cameron Regional Medical Center, Children's Mercy Hospital, Children's Mercy Hospital — South, Liberty Hospital, North Kansas City Hospital, Olathe Medical Center, Truman Medical Center — Hospital Hill, Truman Medical Center — Lakewood, University of Kansas Hospital).
- In- and out-of-network coverage, as well as national and international coverage through Blue Card.

Spira Care

- Blue KC Spira Care Centers serve members' primary care needs while still providing access to the BlueSelect Plus network with coverage for specialty or emergency needs outside the Care Centers.
- There is a \$60 copay in the Spira Care clinic for the \$2,800 HDHP Spira Care plan.
- In-network benefits only; there are no out-of-network benefits for this plan.
- National and international coverage available through Blue Card.
- See page 10 for more information or visit www.spiracare.com.

Locate a provider

To locate an in-network physician or hospital, visit www.bluekc.com and click Find Care.

Existing members can log in to their member portal and search for providers within their current plan's network. If you are considering changing your plan/network or if you are a new member, continue your search as a guest. Select either the BlueSelect Plus or Preferred Care Blue network and enter your ZIP code.

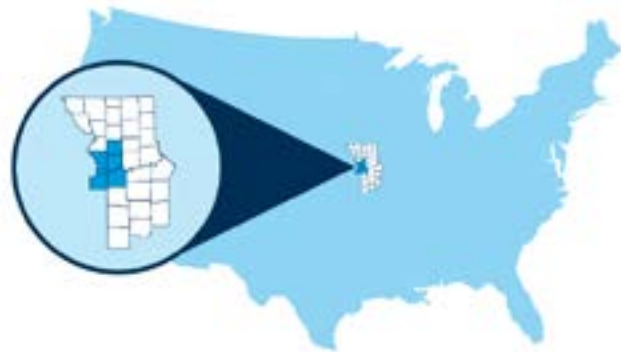
What is Spira Care?

Spira members will benefit from the network's lower overall costs and convenient access to local providers across the metro area. Only those employees and dependents who are enrolled in a Spira Care plan are able to utilize the Spira Care clinics.

What services are included in Spira Care?

All primary care and behavioral health services provided at the Care Centers are covered for either no or low out-of-pocket cost to members (depending on which Spira Care plan you elect).

- Routine preventive care
- Specialist referrals and scheduling
- Behavioral health services
- Chronic condition management
- Common prescriptions filled on-site
- Digital X-rays
- Lab draws
- Extended full-service hours



Where do I receive care?

For a list of Spira Care clinic locations, please visit www.spiracare.com.

For all needs outside the Care Centers, you'll have access to the BlueSelect Plus network (hospitals shown below) within the Kansas City metro area.

Your dedicated care guide can help you navigate where to go.

- | | | |
|--------------------------------------|--|--|
| ■ AdventHealth
Shawnee Mission | ■ Children's Mercy
Hospital — South | ■ Truman Medical Center —
Hospital Hill |
| ■ Cameron Regional
Medical Center | ■ Liberty Hospital | ■ Truman Medical Center —
Lakewood |
| ■ Children's Mercy Hospital | ■ North Kansas City Hospital | ■ University of Kansas Hospital |
| | ■ Olathe Medical Center | |

NOTE: When receiving care outside the BSP network but within the 32-county Blue KC service area, you will have no coverage except for emergencies.

(No coverage counties: Andrew, Atchison, Bates, Benton, Buchanan, Caldwell, Carroll, Cass, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Johnson (MO), Lafayette, Livingston, Mercer, Nodaway, Pettis, Ray, Saline, St. Clair, Vernon, and Worth)

Spira Care options

The District offers two Spira Care plans — the \$2,800 HDHP and the \$2,000 EPO. Both plans will allow you to take advantage of all of the features of the Care Centers. The difference between the two plans is what you will pay for those services you receive at the Care Center as well as the type of savings account you can make additional pretax contributions to in order to help pay for your medical care. Below are a few key points for each plan. Please see the following page for a more detailed benefit description.

\$2,800 HDHP Spira Care

- A member will incur an affordable charge of \$60 for a diagnostic office visit at a Care Center. Diagnostic care includes but is not limited to office visit charges, labs, X-rays, prescriptions dispensed on-site and follow-up care. This charge will apply to the member's deductible and out-of-pocket maximum which are noted on the following page.
- Once the out-of-pocket maximum is reached, a member will have no additional fees for the rest of the calendar year for services received either at a Care Center or from a provider in the BlueSelect Plus network.
- Preventive services are still covered at 100% with no deductible or copayment.
- Employees enrolled in this plan can make pretax contributions to a health savings account (HSA) to help pay for qualified medical expenses.
- The District will contribute \$140 per month to an HSA for employees who enroll in this plan.

\$2,000 EPO Spira Care

- All services, both preventive and diagnostic, that are received at a Care Center are covered at 100% with no deductible or copayments. The only exception is a minimal copayment for generic prescription medications that are available and dispensed on-site at the Care Center.
- Tier 1 and 2 prescription medications that are purchased through a retail pharmacy or through the mail order program are covered at 100% after the appropriate copayment.
- Care received outside of the Care Center but from a BlueSelect Plus provider is subject to the deductible shown on the following page once the deductible has been met, the plan will pay 100% for the rest of the calendar year for services received either at a Care Center or from a provider in the BlueSelect Plus network.
- Employees enrolled in this plan can make pretax contributions to a flexible spending account (FSA) to help pay for qualified medical expenses.

Medical plan options

Blue Cross/Blue Shield of Kansas City	\$2,800 HDHP Spira Care			\$2,000 EPO Spira Care		
	Spira Care Center	BlueSelect Plus	Out-of-network	Spira Care Center	BlueSelect Plus	Out-of-network
Deductible						
Employee only	\$2,800	\$2,800	Not covered	None	\$2,000	Not covered
Family	\$5,600	\$5,600	Not covered	None	\$4,000	Not covered
Member coinsurance	0%	0%	Not covered	0%	0%	Not covered
Out-of-pocket maximum (includes deductible)						
Employee only	\$2,800	\$2,800	Not covered	Not applicable	\$2,000	Not covered
Family	\$5,600	\$5,600	Not covered	Not applicable	\$4,000	Not covered
Preventive care	No charge	No charge	Not covered	No charge	No charge	Not covered
Office visit (PCP and specialist)	0% after deductible* \$60 copay before deductible	0% after deductible	Not covered	No charge	0% after deductible	Not covered
Emergency room	Not applicable	0% after deductible	0% after deductible	Not applicable	0% after deductible	0% after deductible
Urgent care	0% after deductible* \$60 copay before deductible	0% after deductible	Not covered	No charge	0% after deductible	Not covered
Outpatient surgery	Not applicable	0% after deductible	Not covered	Not applicable	0% after deductible	Not covered
Inpatient hospital services	Not applicable	0% after deductible	Not covered	Not applicable	0% after deductible	Not covered
Prescription drug retail (at participating pharmacies)						
Tier 1	0% after deductible	0% after deductible	Not covered	\$15 copay	\$15 copay	Not covered
Tier 2	N/A	0% after deductible	Not covered	N/A	\$50 copay	Not covered
Tier 3	N/A	0% after deductible	Not covered	N/A	0% after deductible	Not covered
Mail order (90-day supply)						
Tier 1	N/A	0% after deductible	Not covered	N/A	\$15 copay	Not covered
Tier 2	N/A	0% after deductible	Not covered	N/A	\$125 copay	Not covered
Tier 3	N/A	0% after deductible	Not covered	N/A	0% after deductible	Not covered

***If you have not met your deductible, you will be charged \$60 for your visit to a Spira Care Clinic. This charge will cover any services provided during your visit and will apply to the deductible.**

Medical plan options

Blue Cross/Blue Shield of Kansas City	\$2,800 HDHP BlueSelect Plus		\$2,800 HDHP Preferred-Care Blue	
	In-network	Out-of-network	In-network	Out-of-network
Deductible				
Employee only	\$2,800	\$5,600	\$2,800	\$2,800
Family	\$5,600	\$11,200	\$5,600	\$5,600
Coinsurance (what the plan pays after the deductible is reached)	0%	30%	0%	20%
Out-of-pocket maximum (includes deductible)				
Employee only	\$2,800	\$14,000	\$2,800	\$5,600
Family	\$5,600	\$28,000	\$5,600	\$11,200
Preventive care	No charge	30% after deductible	No charge	20% after deductible
Office visit (PCP and specialist)	0% after deductible	30% after deductible	0% after deductible	20% after deductible
Emergency room	0% after deductible	0% after in-network deductible	0% after deductible	0% after in-network deductible
Urgent care	0% after deductible	30% after deductible	0% after deductible	20% after deductible
Outpatient surgery	0% after deductible	30% after deductible	0% after deductible	20% after deductible
Inpatient hospital services	0% after deductible	30% after deductible	0% after deductible	20% after deductible
Prescription drug retail (at participating pharmacies)	0% after deductible		0% after deductible	
Mail order (90-day supply)	0% after deductible	Refer to plan summary for details	0% after deductible	Refer to plan summary for details



Medical plan options

Blue Cross/Blue Shield of Kansas City	\$1,500 PPO BlueSelect Plus		\$1,500 PPO Preferred-Care Blue	
	In-network	Out-of-network	In-network	Out-of-network
Deductible				
Employee only	\$1,500	\$3,000	\$1,500	\$1,500
Family	\$3,000	\$6,000	\$3,000	\$3,000
Coinsurance (what the plan pays after the deductible is reached)	0%	30%	0%	20%
Out-of-pocket maximum (includes deductible)				
Employee only	\$1,500	\$7,500	\$1,500	\$3,000
Family	\$3,000	\$15,000	\$3,000	\$6,000
Preventive care	No charge	30% after deductible	No charge	20% after deductible
Office visit (PCP and specialist)	0% after deductible	30% after deductible	0% after deductible	20% after deductible
Emergency room	0% after deductible	0% after in-network deductible	0% after deductible	0% after in-network deductible
Urgent care	0% after deductible	30% after deductible	0% after deductible	20% after deductible
Outpatient surgery	0% after deductible	30% after deductible	0% after deductible	20% after deductible
Inpatient hospital services	0% after deductible	30% after deductible	0% after deductible	20% after deductible
Prescription drug retail (at participating pharmacies)	0% after deductible		0% after deductible	
Mail order (90-day supply)	0% after deductible	Refer to plan summary for details	0% after deductible	Refer to plan summary for details

Employee monthly cost

	\$2,800 HDHP Spira Care*	\$2,000 PPO Spira Care
Employee	\$0.00	\$30.00
Employee + spouse	\$310.00	\$373.00
Employee + child(ren)	\$174.00	\$228.00
Family	\$402.00	\$485.00
Two-employee family	\$0.00	\$0.00

	\$2,800 Blue Select Plus HDHP*	\$2,800 Preferred Care Blue HDHP
Employee	\$0.00	\$69.00
Employee + spouse	\$340.00	\$540.00
Employee + child(ren)	\$199.00	\$375.00
Family	\$440.00	\$688.00
Two-employee family	\$0.00	\$106.00

	\$1,500 PPO BlueSelect Plus	\$1,500 PPO Preferred-Care Blue
Employee	\$0.00	\$93.00
Employee + spouse	\$418.00	\$607.00
Employee + child(ren)	\$260.00	\$436.00
Family	\$545.00	\$780.00
Two-employee family	\$0.00	\$205.00

*District contributes \$140 per month into an HSA per employee enrolled.



Rx Savings Solutions

Blue KC has partnered with Rx Savings Solutions to bring cutting-edge technology that will notify you via text message and/or email when you and your family can save at the pharmacy.

Some of the ways you might save include:

- Switching pharmacies
- Trying a generic or a different generic medication
- Trying therapeutic alternatives

STEP 1: Get text and email alerts

How to set up alerts:

- Visit www.mybluekc.com. If you are a first-time visitor, click Register Now. Please have your Blue KC ID card available to reference.
- Once logged in, click on Plan Benefits. Then click Pharmacy Plan Info and then Spend Less at the Pharmacy.
- Once on the Rx Savings page, fill in your email address and mobile phone number.

STEP 2: Review your savings options and share with your doctor.

STEP 3: Start saving on prescriptions

DON'T WANT TO WAIT?

You don't have to wait for a savings notification. Take a look for yourself and start saving today.

- Log in to www.mybluekc.com
- Click on Plan Benefits on the left, then click the Pharmacy Plan Info and Spend Less at the Pharmacy.
- Check your Rx Savings Solutions home page for savings opportunities or use the search feature to view different medications.



FOR MORE INFORMATION

Call the customer service
number listed on your
member ID card.

Telehealth (Blue KC Virtual Care)

See a doctor right from the comfort and convenience of home with retail telehealth. Blue KC Virtual Care gives you 24/7/365 access to doctors and therapists straight from your smartphone, tablet or computer. It's a convenient, affordable alternative to urgent care, or if a primary care doctor is unavailable, for minor issues.

Who uses telehealth?

- Busy professionals who can't wait for an appointment
- Families, including sick children
- Individuals who live in rural areas or outside the city

Why use telehealth?

- Speak with a doctor in minutes — average wait time is three minutes
- Connect easily with your camera phone or personal computer with camera
- Get the care you need including some prescriptions
- Meet with licensed, U.S. board-certified physicians with an average 15 years' experience practicing medicine
- Feel safe with Blue KC's private, secure, HIPAA-compliant tool
- Save drive time or office wait time
- Rest assured if you are traveling and need care quick
- Pay much less than going to the emergency room

What can be treated?

Common urgent or sick care needs:

- Sinus pain
- Mild allergic reactions
- Burning with urinations
- Sprains, strains
- Nausea, vomiting, diarrhea
- Coughs, sore throat
- Minor fevers, colds
- Mild asthma
- Minor headaches
- Cold sores
- Pink eye
- Bumps, cuts, scrapes
- Eye swelling, irritation, redness or pains
- Rashes, minor burns

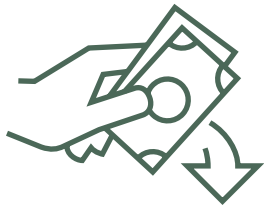
How do I make an appointment?

Download the Blue KC Virtual Care app or visit www.bluekcvirtualcare.com

Note: Spira Care and Spira Care (HSA Eligible) members only should use service key SPIRA when registering.



Please visit the Blue KC Virtual Care Mobile app or go to www.bluekcvirtualcare.com to see the current cost of telehealth services or for more information on the services provided.



Health Savings Account (HSA)

UMB Bank | www.hsa.umb.com/individuals | 866.520.4472

What is an HSA?

A savings account where you can either direct pretax payroll deductions or you may deposit money in your account post-tax to be used to pay for current or future qualified medical expenses for you and/or your dependents. Once money goes into the account, it's yours to keep — the HSA is owned by you, just like a personal checking or savings account.

HSA funds can be used for your family

You can use your HSA for your spouse and tax dependents for their eligible healthcare expenses — even if they're not covered by your medical plan. You cannot contribute to your HSA if you have a health FSA balance at the same time.

Your funds can carry over and even grow over time

The money always belongs to you. Even if you leave the District, the unused funds carry over from year to year. You never have to worry about losing your money. That means if you don't use a lot of healthcare services now, your HSA funds will be there if you need them in the future — even after retirement.

You must be covered under a qualified high deductible health plan (HDHP) to establish and contribute to an HSA.

What are the IRS rules?

- If you or your spouse has a Flexible Spending Account balance, neither of you would be eligible to contribute to an HSA. (Limited purpose FSA and dependent care FSA are both okay.)
- You cannot have any other medical coverage that is not a qualified high deductible health plan, such as Medicare, Medicaid, TRICARE or your spouse's PPO plan.
- You cannot be claimed as a dependent under someone else's tax return.
- Anytime you use your HSA for qualified expenses, please retain your receipt in case the IRS asks for proof that it was a qualified expense in order to avoid tax consequences.
- As an HSA account holder, you will be required to file a Form 8889 with the IRS each year. This form identifies any contributions, distributions or earned interest associated with your account.

How much can I contribute in 2022?

Contributions are based on a calendar year, and there is a limit to how much you can invest. The District's \$140/month employer contribution also counts toward the annual HSA contribution limits, so you need to plan carefully how much you'll contribute annually to avoid excess contribution.

	Under age 55	Age 55 and older (and not enrolled in medicare)
Individual	\$3,650	\$4,650 (includes \$1,000 catch-up contribution)
Family	\$7,300	\$8,300 (includes \$1,000 catch-up contribution)

What else should I know?

- The contributions grow tax-free and come out tax-free as long as you utilize the funds for approved services based on the IRS Publication 502 (medical, dental, vision expenses and over-the-counter medications).
- Your unused contributions roll over from year to year, and the account can be taken with you if you leave your current job.
- If you use the money for non-qualified expenses, then the money becomes taxable and subject to a 20% excise tax penalty (like in an IRA account).
- There is no penalty for distributions following death, disability (as defined in IRC 72), or attainment of Medicare eligibility age, but taxes would apply for non-qualified distributions.
- If your healthcare expenses are more than your HSA balance, you need to pay the remaining cost another way, such as a credit card or personal check. You can request reimbursement later, after you have accumulated more money in your account. Be sure to save your receipts in case you are ever audited!

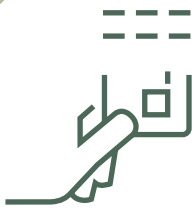
You can use HSA funds for IRS-approved items such as:

- Doctor's office visits
- Dental services
- Eye exams, eyeglasses, laser surgery and contact lenses
- Hearing aids
- Orthodontia, dental cleanings and fillings
- Prescription drugs and some over-the-counter medications
- Physical therapy, speech therapy and chiropractic expenses

More information about approved items, plus additional details about the HSA, is available at www.irs.gov.

How to set up your HSA

Olathe Public Schools will continue to utilize UMB Bank as our HSA vendor. If you select an HSA compatible medical plan option during the enrollment process through Employee Navigator, you will be asked if you would like to make an HSA contribution election for the 2022 plan year. If you currently have an HSA account with UMB, your information will automatically be in the Employee Navigator system and you do not need to open a new account. If you do not currently have an HSA account, enrolling in the benefit will automatically open one.



Flexible Spending Account (FSA)

WEX | www.wexinc.com | 866.451.3399

A great way to plan ahead and save money over the course of a year is to participate in an FSA. An FSA lets you redirect a portion of your salary on a pretax basis into a reimbursement account, saving you money on taxes. Each year that you would like to participate in the FSAs, you must elect the amount you want to contribute. Olathe Public Schools partners with WEX (Discovery Benefits) for the FSA administration.

WEX (Discovery Benefits) offers three types of FSAs that can help you save on a pretax basis for out-of-pocket expenses.

Healthcare Flexible Spending Account

The healthcare FSA can be used to pay for eligible out-of-pocket medical, dental, vision, over-the-counter and prescription drug expenses.

Depending upon the medical plan elected, transactions related to copays will automatically be approved when the card is used for that purpose. Additionally, any recurring payments (same place and dollar amount) will be automatically approved after the first time the claim is substantiated. Auto approvals for purchases at big box chains (ex: purchasing eyedrops at Walgreens) will be recognized as an approved expense that does not require substantiation when the debit card is used. For any additional out-of-pocket expenses, participants can easily submit a claim to be reimbursed through their online account and/or through the mobile app. These enhancements will help streamline the process of using your FSA dollars.

Funds in the healthcare FSA are available at the beginning of the plan year and can be used for your expenses and those of your spouse and tax-dependents, even if you and your family aren't covered by our plan.

Grace period benefit

The maximum contribution in 2021 for the healthcare flexible spending account is \$2,750 per household. This is a use-it-or-lose-it account, meaning any funds remaining in the account following the close of the plan year will be forfeited. Our plan has a two-and-a-half month grace period to allow you additional time to incur claims and use your FSA funds to pay for these expenses. All services must be incurred from Jan. 1, 2022, through March 15, 2023. Claims must be submitted by March 31, 2023.

Dependent care Flexible Spending Account

Dependent care FSAs allow you to set aside money pretax to pay eligible out-of-pocket day care expenses so that you or your spouse can work or attend school full time. You must contribute money through payroll deduction to your dependent care FSA before you can spend it.

During enrollment, you must decide how much to set aside for this account in 2022. You may contribute up to \$5,000, or up to \$2,500 if you are married and file separate tax returns.

If you are contributing to an HSA through UMB or through your spouse's plan, you are not eligible to participate in the healthcare FSA.

The dependent care FSA is a use-it-or-lose-it account. Funds remaining in the account following the close of the plan year will be forfeited. Our plan has a two-and-a-half-month grace period to allow you additional time to incur claims and use your FSA funds to pay for these expenses. All services must be incurred from Jan. 1, 2023, through March 15, 2023. Claims must be submitted by March 31, 2023.

Eligible expenses

- Adult day care
- Child day care
- After-school care
- Babysitting (work-related, in your home or someone else's home)
- Babysitting by your relative who is not a tax dependent (work-related)
- Nanny or au pair
- Custodial elder care
- Transportation to and from eligible care (provided by your care provider)

Limited-purpose Flexible Spending Account (HSA account holders only)

If you are enrolled in the HSA plan, you are eligible to enroll in the limited-purpose flexible spending account (LPFSA) to use for eligible Dental and Vision expenses only. IRS rules state that you cannot have both an HSA and healthcare FSA since both apply funds toward your medical expenses. A limited-purpose health FSA allows you to continue to contribute to an HSA. A limited-purpose FSA is much like a general healthcare FSA. The main difference is that the limited-purpose account is set up to reimburse only eligible FSA dental and vision expenses. Visit www.wexinc.com for a current list of eligible expenses, claims filing deadlines and other information about your account. The 2021 annual contribution limit for limited-purpose flexible spending accounts is \$2,750.

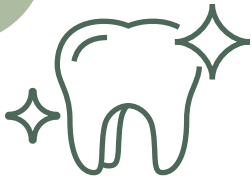
Ineligible expenses

- Babysitting (not work-related, for other purpose)
- Babysitting by your tax dependent (work-related or for other purpose)
- Custodial elder care (not work-related, for other purpose)
- Dance lessons, piano lessons or sports lessons
- Educational, learning or study skills services for child(ren)
- Household services (housekeeper, maid, cook, etc.)



REMEMBER

Changes to your dependent care FSA elections can be made only during open enrollment or if you experience a qualifying life event.



Dental insurance

Delta Dental | www.deltadental.com | 800.234.3375

The District offers one comprehensive dental plan with two broad Delta Dental networks of participating dentists — the PPO network and the Premier network.

Both offer in-network discounts and savings on services, but you will generally pay less when you visit a participating dentist in the PPO network.

NEW FOR 2022 — The District is adding “Preventive Plus” to both dental plans. This enhancement means your Diagnostic and Preventive (Type A) services will NOT count towards your \$1,000 annual plan maximum. This feature allows you to stretch your benefit dollars further.

In addition to the Preventive Plus, there is another enhancement. As of January 1, 2022, the orthodontia benefit maximum of \$1,000 will be a separate \$1,000 from the Annual Plan maximum of \$1,000.

To find a dental provider, visit www.deltadental.com and click Find a Dentist. Select the Delta Dental PPO or the Premier network.

Delta Dental	Basic Plan		Basic + Orthodontia Plan	
	Delta PPO/ Delta Premier	Out-of-network	Delta PPO/ Delta Premier	Out-of-network
Deductible				
Employee only/family	\$0	\$0	\$0	\$0
Annual plan maximum (per individual)	\$1,000	\$1,000	\$1,000	\$1,000
Type A: diagnostic and preventive				
Oral exams, X-rays, cleanings, fluoride, space maintainers, sealants	100%	100%	100%	100%
Type B: basic				
Oral surgery, fillings, endodontic treatment, periodontic treatment, repairs of dentures and crowns	90%	90%	90%	90%
Type C: major				
Crowns, jackets, dentures, bridge implants	50%	50%	50%	50%
Orthodontia				
Dependent children under the age of 19	Not covered	Not covered	50%	50%
Lifetime orthodontia plan maximum (per individual)	N/A	N/A	\$1,000	\$1,000

Note: Your preventive exams do not need to be scheduled at least six months apart. Our plan now allows you to have an unlimited number of cleanings with a hygienist each calendar year.

Employee cost per month

	Dental	Dental + Orthodontia
Employee	\$42	N/A
Employee + spouse	\$77	N/A
Employee + child(ren)	\$77	\$155
Family	\$103	\$198

Vision insurance



VSP | www.vsp.com | 800.877.7195

VSP's vision care benefits include coverage for eye exams, standard lenses and frames, contact lenses and discounts for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the VSP network. When you use an out-of-network provider, you will have to pay more for vision services. VSP does not require ID cards. Simply tell your vision office you have VSP insurance.

VSP	In-network	Out-of-network
Examination copay	\$10 copay	Reimbursement up to \$50
Prescription glasses	\$25 copay	
Contact lens fitting and evaluation	\$60 max copay	N/A
Frequency of service		
Exam	Every 12 months	Every 12 months
Lenses	Every 12 months	Every 12 months
Frames	Every 24 months	Every 24 months
Contacts	Every 12 months	Every 12 months
Lenses		
Single	Covered in full	Reimbursement up to \$50
Bifocal	Covered in full	Reimbursement up to \$75
Trifocal	Covered in full	Reimbursement up to \$100
Polycarbonate (for children only)	Covered in full	N/A
Progressive lenses (standard)	Covered in full	Reimbursement up to \$75
Frames		
Featured brands	\$200 allowance	Not available
All other retail frames	\$150 allowance	Up to \$70 reimbursement
Contact lenses		
(in lieu of the eyeglass benefit)	\$150 allowance	Reimbursement up to \$105
Laser vision		
	15% off normal retail	N/A

Other savings opportunities

- Glasses and sunglasses: Receive a 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your well vision exam.
- Enhancement to the well vision exam: receive a routine retinal screening for no more than a \$39 copay.
- Laser vision correction: Average 15% off the regular price when you use a contracted facility.

Employee cost per month

Employee	\$12.00
Employee + spouse	\$20.00
Employee + child(ren)	\$20.00
Family	\$34.00



Voluntary Life

The Hartford | www.thehartford.com/employee-benefits/employees

The Hartford administers the voluntary life coverage. You have the opportunity to purchase voluntary life insurance for yourself, your spouse and/or your dependent children until the month they turn 26. Your cost for this coverage is based on the amount you elect and your age. You must purchase voluntary life insurance for yourself in order to purchase spouse and/or dependent child(ren) coverage. The maximum benefit is \$1,000,000 and the guaranteed issue amount is \$300,000.

Coverage	Guaranteed amount	Maximum benefit
Employee \$10,000 increments	\$300,000	\$10,000 to \$1,000,000 or 7x annual salary; employees 70+ capped at \$50,000
Spouse \$10,000 increments	\$50,000	\$10,000 to \$250,000 (cannot exceed 100% of employee coverage)
Dependent child(ren) \$10,000	\$10,000	\$10,000

Note: Two-employee families may only have one parent covering the children, not both.

Spouse rates will be determined by the employee age.

Voluntary life employee rates per \$1,000 of coverage			
Under 25-34	\$0.04	55-59	\$0.34
35-39	\$0.06	60-64	\$0.54
40-44	\$0.08	65-69	\$0.94
45-49	\$0.12	70-74	\$1.70
50-54	\$0.20	75+	\$2.94
Voluntary life child rate per \$1,000 of coverage			
\$0.20			

Example

If the rate is \$0.94 per \$1,000 and an enrollee elects \$20,000 in coverage, the monthly premium will be \$18.80.

$$\begin{array}{r}
 \underline{\$0.94} \\
 \text{Plan rate} \\
 \text{(determined by age)}
 \end{array}
 \times
 \begin{array}{r}
 \underline{20} \\
 \text{Coverage per } \$1,000
 \end{array}
 =
 \begin{array}{r}
 \underline{\$18.80} \\
 \text{Monthly premium}
 \end{array}$$

Evidence of insurability

Evidence of insurability (EOI) is an application process through which you provide information on the condition of your health or your dependents' health in order to be considered for insurance coverage. Generally, EOI is required when individuals elect to enroll in coverage in excess of the guaranteed issue amount.

During enrollment, if you elect coverage in excess of the guaranteed amounts, you will need to complete an EOI. After you elect coverage and submit your enrollment elections through Employee Navigator, The Hartford will email you instructions on how to complete your EOI online. The process typically takes less than 10 minutes. **You must complete your EOI within 60 calendar days from the date of The Hartford's email notice to be considered for additional coverage.**

Until which point your EOI has either been approved or denied, you will only be enrolled and charged premium for coverage up to the guaranteed issue amounts. If your EOI is approved, your enrolled coverage and premium will increase to the amounts you elected during enrollment on the first of the next month.

Age reduction schedule

Your voluntary life insurance benefit is designed to protect your family from financial and emotional stress in the event of your unforeseen death. One important provision of our voluntary life insurance policy is the age reduction schedule. As you reach different age ranges, the total life insurance benefit you originally purchased is reduced by varying percentage amounts.

Your life insurance benefit will decrease on Jan. 1 when an age reduction level has been reached. Your benefit is payable as a percentage of your amount as follows:

Age range	Payable percentage
65	65%
70	40%
75	25%
Coverage terminates at 80	

For example, if you are 65 and elected \$100,000 of coverage, your benefit payable would be \$65,000 (calculated as \$100,000 x 65% = \$65,000).



Short-term disability plan

The Hartford | www.thehartford.com/employee-benefits/employees

Olathe Public Schools offers two voluntary short-term disability (STD) plans by The Hartford.

STD benefits are designed to replace a portion of your income for a non-work-related short-term injury or illness. STD benefits are paid up to 70% of your eligible weekly base pay, up to \$1,900 weekly, during the first 26 weeks of injury or illness based on your benefit election.

Benefits		Option 1	Option 2
Benefit amount	You may choose your weekly benefit. Benefits are in \$100 increments, not to exceed 70% of your weekly earnings.	\$200 - \$1,900	\$200 - \$1,900
Benefit starts	You may choose when you want your benefit to start	Day 30	Injury: Day 1 Illness: Day 8
Benefit duration		26 weeks	26 weeks

Preexisting condition limitation

A preexisting condition is a health condition, such as an injury or illness, that exists before someone enrolls in a new insurance policy. If you enroll in the voluntary STD plan, The Hartford will review your medical history prior to and after you enroll based on the following schedule and criteria, until you've satisfied the preexisting condition limitation.

- 3-month look back at medical history:
 - If you have been treatment-free for the past 3 months, you will have a 3-month look forward after the effective date. If you remain treatment-free during the 3 months, you will satisfy the preexisting condition limitation.
 - If you have not been treatment-free for the past 3 months and you are not treatment-free for the 3 months following the effective date, you will have a 12-month look forward after the effective date.
 - If you have not been treatment-free for the past 3 months but you are treatment-free for the 3 months following the effective date, you will satisfy the pre-existing condition limitation.

Note: for the voluntary STD Option 2 plan, if you have not satisfied the preexisting condition limitation, you are still eligible to receive four weeks of benefits inclusive of the elimination period.

Coordination of disability benefits

Your benefit may be reduced if you receive disability benefits from retirement, Social Security, workers' compensation, state disability insurance, no-fault benefits or return-to-work earnings. Refer to the STD certificate of coverage on the HR website for more details.

Case illustration: Pregnancy

A new employee enrolls in the voluntary STD Option 1 Plan. At time of enrollment, The Hartford reviews the employee's medical history for the previous three months and confirms there are no current medical conditions being treated. After the employee has been enrolled for three months, The Hartford reviews the employee's medical history again and determines once more that no medical conditions are currently being treated. The employee has satisfied the pre-existing condition limitation. Six months later the employee becomes pregnant. Starting on the first day the employee is no longer able to work, the employee must wait 30 days before her benefits begin. On the 31st day, the employee is eligible to receive up to 70% of her income to a maximum of \$1,900 per week for up to 26 weeks.

Case illustration: Surgery

A new employee enrolls in the voluntary STD Option 2 Plan. At time of enrollment, The Hartford reviews the employee's medical history for the previous three months and confirms there are no current medical conditions being treated. After the employee has been enrolled for three months, The Hartford reviews the employee's medical history again and determines once more that no medical conditions are currently being treated. The employee has satisfied the pre-existing condition limitation. Two months later, the employee suffers a broken hip due to a car accident and needs surgery. The employee is eligible to receive 70% of their income to a maximum of \$1,900 per week for up to 26 weeks.

Hartford voluntary benefits

The following voluntary benefits are available through The Hartford.

- Accident insurance
- Critical illness with cancer coverage
- Hospital indemnity insurance

Voluntary benefits are designed to provide financial protection by paying cash benefits when you or a family member has an unexpected injury or illness. There are no offsets and no restrictions on how the cash benefits can be used, which means you can use the cash to cover medical expenses or non-medical expenses, such as a mortgage payment, utilities or child care.

Enrollment in one or more of these voluntary plans is optional. All you have to do is elect coverage to become insured. You do not have to provide information about your health or your family's health. If you elect to enroll in accident, critical illness and hospital indemnity insurance, you can maximize the protection you receive at the time of a covered illness or injury. Each plan could provide you with a separate lump-sum cash benefit, and they are independent from any claims or coverage provided by medical or disability insurance.

63% of Americans with medical insurance used all their savings for out-of-pocket medical costs.

Accident insurance

The Hartford | www.thehartford.com/employee-benefits/employees

What is it?

Accident insurance helps provide financial support in the event you or a family member has an accident. With Accident insurance, you'll receive a cash benefit for each covered injury and related services. You can use the payment in any way you choose — from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bill.

Plus, getting coverage is easy and affordable with:

- Guaranteed acceptance coverage; no health questions asked
- Easy payroll deduction of premiums (that'll never increase due to your age)
- Benefits available for your spouse and dependent children
- Direct payment to you or your beneficiary
- Coverage portability. If you change jobs, you can take coverage with you.

84 preventable injuries occur every minute in the United States.

More than 3.5 million children ages 14 and younger get hurt each year playing sports or participating in recreational activities.

How does it work?

Accident insurance provides benefits for covered accidental injuries, related services and treatments. This may include:

- Diagnostic exams, X-rays and other emergency services
- Initial and follow-up physician visits
- Ambulance transportation
- Bone fractures and dislocations
- Concussions
- Follow-up/recovery services, including physical therapy

Below is a full list of the benefits covered by accident insurance.

Emergency, hospital and treatment care		
Accident follow-up	Up to 3 visits per accident	\$125
Physical therapy	Up to 10 visits each per accident	\$100
Ambulance — air	Once per accident	\$1,200
Ambulance — ground	Once per accident	\$400
Blood/plasma/platelets	Once per accident	\$250
Spinal manipulation	Up to 30 days per accident while insured is confined	\$50
Daily hospital confinement	Up to 365 days per lifetime	\$300
Daily ICU confinement diagnostic	Up to 30 days per accident	\$900
Exam	Once per accident	\$200
Emergency dental	Once per accident	Up to \$400
Emergency room	Once per accident	\$250
Hospital admission	Once per accident	\$1,500
Initial physician office visit	Once per accident	\$250
Lodging	Up to 30 nights per lifetime	\$150
Medical appliance	Once per accident	\$125
Rehabilitation facility	Up to 15 days per lifetime	\$150
Transportation	Up to 3 trips per accident	\$500
Urgent care	Once per accident	\$250
X-ray	Once per accident	\$100
Specified injury & surgery		
Abdominal/thoracic surgery	Once per accident	\$1,500
Arthroscopic surgery	Once per accident	\$400
Burn	Once per accident	Up to \$15,000
Burn — skin graft	Once per accident for third degree burn(s)	25% of burn benefit
Concussion	Up to 3 per year	\$200
Dislocation	Once per joint per lifetime	Up to \$8,000

Emergency, hospital and treatment care

Eye injury	Once per accident	Up to \$200
Fracture	Once per bone per accident	Up to \$6,000
Hernia repair	Once per accident	\$150
Knee cartilage	Once per accident	Up to \$800
Laceration	Once per accident	Up to \$600
Ruptured disk once per accident \$800	Once per accident	\$800
Tendon/ligament/rotator cuff	Up to 2 per accident	Up to \$1,200
Catastrophic		
Accidental death	Within 90 days; Spouse @ 50% and child @ 25%	\$60,000
Common carrier death	Within 90 days	3 times death benefit
Coma	Once per accident	Up to \$15,000
Dismemberment	Once per accident	Up to \$60,000
Home health care	Up to 30 days per accident	\$50
Paralysis	Once per accident	Up to \$15,000
Prosthesis	Up to 2 per accident	Up to \$1,500

Additional services:

In addition to providing a financial benefit, Accident insurance includes access to professionals who can support you and your loved ones at no additional cost.

- HealthChampion — unlimited access to administrative and clinical experts who can guide you through health concerns and care options.
- Ability Assist — 24/7 access to trained professionals and resources for assistance with the financial, legal and emotional issues that may follow an accident.

Case illustration

Carl was cleaning out the gutters on his home when he accidentally fell off the ladder and broke his leg. Carl's wife drove him to the emergency room where he was examined by a doctor and had an X-ray. Carl's leg was put in a cast and he had to use crutches for a couple of weeks. Carl also had two follow-up appointments with the doctor while his leg healed.

Accident benefit	Plan pays
Emergency room	\$250
X-ray	\$100
Broken leg	\$1,500
Crutches	\$125
Follow-up treatment	\$250 (\$125/day x 2 days)
Total	\$2,225

How much does it cost?

The amounts shown below are the monthly premium rates. You may elect coverage for you only, or for you and your dependent(s).

Employee	\$14.73 (\$0.48 per day)
Employee & spouse	\$23.23 (\$0.76 per day)
Employee & child(ren)	\$24.31 (\$0.80 per day)
Employee & family	\$38.42 (\$1.26 per day)

Critical illness with cancer coverage

The Hartford | www.thehartford.com/employee-benefits/employees

What is it?

A major illness, such as cancer, a heart attack or stroke, can leave you emotionally, physically and financially overwhelmed. Critical illness insurance can help:

- Relieve the financial impact of an illness so you can focus on recovery
- Enhance your traditional medical plan
- Ensure that you'll be better prepared to cover out-of-pocket expenses in the event of a serious illness when combined with accident or disability insurance.

With critical illness insurance, you will receive lump sum payments when you or a covered dependent are diagnosed with a covered illness under the plan. This coverage has no pre-existing condition exclusions. If a previously covered illness returns or you are diagnosed with an additional covered illness, benefits remain payable up to the benefit maximum for as long as you are insured (subject to plan terms and conditions). You can use the payment in any way you choose, including:

Expenses not covered by your medical insurance

- Deductibles and coinsurance
- Treatment and rehabilitation
- Caregiver expenses
- Travel

Day-to-day living expenses

- Rent or mortgage payments
- Groceries
- Childcare
- Utility bills

An enhanced benefit

The Hartford's critical illness with cancer coverage is a greatly enhanced benefit that encompasses cancer, heart attack, stroke, Alzheimer's and more — all in one plan. The Hartford has also waived preexisting conditions, which means as long as the event or date of diagnosis takes place after the effective date, the plan will pay out and there will be no look back at prior medical history.

How does it work?

65% of American cancer survivors did not have sufficient income to cover out-of-pocket expenses for cancer treatment and other incurred debts related to the illness.

At time of initial enrollment, you elect an employee coverage amount of either \$10,000, \$20,000 or \$30,000. If covering your spouse, their coverage will be equal to your employee election. Coverage for dependent children is \$5,000 total, not per child.

Employee coverage amount	\$10,000, \$20,000 or \$30,000
Spouse coverage amount	100% of your coverage amount
Child(ren) coverage amount	\$5,000

Your critical illness insurance policy will pay a cash benefit based on the percentage payable for the condition. This cash benefit is in addition to any medical or disability insurance you have. Below is a full list of benefit amounts for covered illnesses under the plan.

Covered illnesses	Benefit amounts
Cancer conditions	
Benign brain tumor*; invasive cancer*	100% of coverage amount
Non-invasive cancer	25% of coverage amount
Vascular conditions	
Heart attack*; heart transplant*; stroke*	100% of coverage amount
Aneurysm; angioplasty/stent; coronary artery bypass graft	25% of coverage amount
Other specified conditions	
Coma*; end stage renal failure; loss of hearing; loss of speech; loss of vision; major organ transplant*; paralysis	100% of coverage amount
Bone marrow transplant	25% of coverage amount
Neurological conditions	
Advanced Multiple Sclerosis; Advanced Parkinson's; Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's)	100% of coverage amount
Child conditions	
Cerebral Palsy; Congenital Heart Disease; Cystic Fibrosis; Muscular Dystrophy; Spina Bifida;	100% of coverage amount
Additional benefits	
Recurrence — pays a benefit for a subsequent diagnosis of conditions marked with an asterisk (*)	100% of original benefit amount
Skin cancer	\$250
Health screening benefit	\$75 once per year per covered person
Advanced Alzheimer's disease 100% of coverage amount	100% of coverage amount
Additional benefits	
Coverage maximum — primary insured & spouse	500% of coverage amount
Coverage maximum — child(ren)	300% of coverage amount
Ability Assist® EAP2 — 24/7/365 access to help for financial, legal or emotional issues	Included
HealthChampionSM3 — Administrative and clinical support following serious illness or injury	Included

Case illustration

George takes heart medication and decides to enroll in a \$20,000 critical illness benefit during enrollment when he learns that preexisting conditions are waived. Two months after the effective date, George has a heart attack. The plan pays him a lump sum of \$20,000 since that incident is covered at 100%. Seven months later, George unfortunately receives a diagnosis for invasive lung cancer. George's critical illness benefit pays him another lump-sum payment of \$20,000.

How much does it cost?

Premium is based on the elected employee benefit amount, the employee's age and the dependent tier level. The amounts shown below are the monthly premium rates. Your critical illness premium will increase on Jan. 1 when you enter a new age bracket.

Employee benefit amount	Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
\$10,000	Employee only	\$4.53	\$5.46	\$6.08	\$7.51	\$10.16	\$15.18	\$20.68	\$27.86	\$38.75	\$52.69	\$70.45	\$93.62
	Employee and spouse	\$9.03	\$10.82	\$12.05	\$14.89	\$20.31	\$30.78	\$42.34	\$57.48	\$80.29	\$108.84	\$145.46	\$192.51
	Employee and child(ren)	\$7.56	\$8.49	\$9.11	\$10.53	\$13.18	\$18.20	\$23.71	\$30.89	\$41.77	\$55.72	\$73.48	\$96.65
	Employee and family	\$12.56	\$14.35	\$15.58	\$18.42	\$23.84	\$34.31	\$45.87	\$61.01	\$83.82	\$112.37	\$148.99	\$196.04
\$20,000	Employee only	\$7.39	\$9.10	\$10.27	\$13.09	\$18.24	\$28.13	\$39.05	\$53.30	\$74.94	\$102.66	\$138.05	\$184.29
	Employee and spouse	\$14.76	\$18.07	\$20.39	\$25.99	\$36.52	\$57.11	\$80.05	\$110.09	\$155.43	\$212.16	\$285.13	\$379.00
	Employee and child(ren)	\$11.94	\$13.65	\$14.82	\$17.63	\$22.79	\$32.67	\$43.60	\$57.84	\$79.49	\$107.21	\$142.60	\$188.83
	Employee and family	\$20.06	\$23.37	\$25.69	\$31.29	\$41.82	\$62.41	\$85.35	\$115.38	\$160.73	\$217.46	\$290.43	\$384.30
\$30,000	Employee Only	\$10.25	\$12.75	\$14.47	\$18.67	\$26.33	\$41.08	\$57.43	\$78.74	\$111.14	\$152.63	\$205.65	\$274.95
	Employee and Spouse	\$20.49	\$25.33	\$28.74	\$37.09	\$52.73	\$83.43	\$117.76	\$162.69	\$230.57	\$315.47	\$424.80	\$565.49
	Employee and Child(ren)	\$16.31	\$18.81	\$20.53	\$24.73	\$32.39	\$47.14	\$63.49	\$84.80	\$117.20	\$158.69	\$211.72	\$281.01
	Employee and Family	\$27.56	\$32.40	\$35.81	\$44.16	\$59.80	\$90.50	\$124.83	\$169.76	\$237.64	\$322.54	\$431.87	\$572.56

Hospital indemnity insurance

The Hartford | www.thehartford.com/employee-benefits/employees

What is it?

Hospital indemnity insurance provides a cash benefit in the event of an unexpected hospital stay for a covered illness and/or injury. You and your covered dependents are paid a set benefit amount, depending on your plan and the length of your stay. You can use the payment in any way you choose — from medical expenses like deductibles to everyday costs like housekeeping and childcare.

Why do I need it?

Even if you have one of the best medical plans out there, it's unlikely that your plan will cover all the costs incurred by a hospital stay. Aside from hospital bills, there may be additional costs attached to time away from home, like meals, travel and lodging expenses for loved ones. That's where hospital indemnity insurance can help. It can give you the peace of mind to focus on what's most important — getting better.

Rising costs require layers of protection

The average cost for a hospital stay is \$2,346 per day.

How does it work?

Hospital indemnity insurance will pay cash benefits based on the following coverage schedule.

	Coverage amount
First day stay (hospital admission)	\$1,000 benefit once per year
Additional days in the hospital	\$100 per day benefit up to 30 days per year
Days spent in the Intensive Care Unit (ICU)	\$200 per day benefit up to 10 days per year.

Additional services:

In addition to providing a financial benefit, hospital indemnity also includes access to professionals who can support you and your loved ones at no additional cost.

- HealthChampion — unlimited access to administrative and clinical experts who can guide you through health concerns and care options.
- Ability Assist — 24/7 access to trained professionals and resources for assistance with the financial, legal and emotional issues that may follow an accident.

Case illustration

John is playing ice hockey with his son when he begins experiencing significant chest pain. He's taken by ambulance to a local hospital and is diagnosed with a heart attack. After his hospital admission, he has emergency surgery where he'll spend 2 days in the ICU, following by another 7 days in a regular room.

While John has medical insurance, he has to meet his \$1,500 deductible before it kicks in. Because his hospital stay is covered by his hospital indemnity plan, he received a cash benefit for each day spent in the hospital.

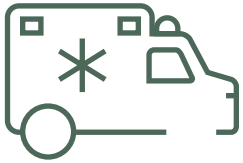
This helps him cover his medical deductible and supplement his income while he was not working.

Hospital indemnity benefit	Plan pays
First day hospital stay (admission)	\$1,000
ICU stay	\$400 (\$200/day x 2 days)
Additional hospital days stay	\$700 (\$100/day x 7 days)
Total	\$2,100

How much does it cost?

The amounts shown below are the monthly premium rates. You may elect coverage for you only, or for you and your dependent(s).

Employee	\$16.47 (\$0.54 per day)
Employee & spouse	\$30.63 (\$1.01 per day)
Employee & child(ren)	\$30.22 (\$0.99 per day)
Employee & family	\$46.66 (\$1.53 per day)



Permanent life insurance with long-term care (LTC)

CHUBB | www.chubb.com | 855.241.9891 x 3

Permanent life insurance with long-term care, also known as lifetime benefit term insurance, helps protect you and your family if you were no longer able to provide for them. Your family can receive cash benefits paid directly to them upon your death that they can use to help cover expenses like mortgage payments, credit card debt, child care, college tuition and other household expenses. Cash benefits can also be paid directly to you while you are living for long term care expenses.

Lifetime benefit term insurance is available through CHUBB. You decide how you want to use the benefits. There are several ways it works:

As life insurance

Lifetime benefit term insurance protects your family with money that can be used any way they choose. It is most often used to pay for mortgage or rent, education for children and grandchildren, retirement, family debt and final expenses.

For long-term care (LTC)

If you become chronically ill, lifetime benefit term will pay you 4% of your death benefit each month you receive long-term care. You can use this money any way you choose, and your life insurance premiums will be waived.

- Your death benefit will reduce proportionately each month as you receive benefit payments for LTC. After 25 months of receiving LTC benefits, your death benefit will reduce to zero.
- With Extension of Benefits, if you continue to need LTC after you have exhausted your death benefit, you can receive up to 25 more months at no additional cost for a total of 50 months for LTC benefits.

Restoration of your death benefit

Ordinarily, accelerating your life coverage for LTC benefits will reduce your death benefit to \$0. While in force, restoration of your death benefit is an automatic policy rider that restores your life coverage to not less than 25% of the death benefit on which your LTD benefits were based, not to exceed \$50,000. This rider ensures there will be a death benefit available for your beneficiary until you reach age 121.

52% of people turning age 65 will need some type of long term care.

\$85,775 median annual nursing home cost, semi-private room in 2017.

35% of households would feel the financial impact if the primary wage earner died.

Lifetime benefit term coverage details

You can purchase lifetime benefit term insurance for yourself and your spouse. The cost of coverage is dependent on your current age and your spouse's current age. A current rate can be found on HR's website.

	Guaranteed issued	Increments	Max coverage
Employee	\$100,000	\$5,000 increments	\$100,000
Spouse	\$10,000 (*conditional GI)	\$5,000 increments	\$50,000

- Coverage is permanent and guaranteed renewable as long as premiums are paid as due.
- Premiums will never increase and are guaranteed through age 100. After age 100, no premium is due.
- Coverage is portable when you change jobs or retire.

Life situation (\$25,000 policy elected)	Long-term care (25 months)	Long-term care extension (additional 25 months at no additional cost)	Death benefit
You lead a full life and do not need long term care	Not used	Not used	\$25,000
You need 12 months of assisted living long term care (Example: 4% of \$25,000 for 12 months)	\$12,000	Not used	\$13,000
You need 25 months of assisted living long term care and use the automatic restoration of the death benefit	\$25,000	Not used	\$6,250
You need 50 months of assisted living long term care and use the automatic restoration of the death	\$25,000	\$25,000	\$6,250

Case illustration

Bobby purchased a \$25,000 lifetime benefit term policy at the age of 45. As he aged, his monthly premium never increased. At the age of 85, Bobby qualified for long-term care and moved into a nursing home. His \$25,000 policy paid \$1,000 per month for 50 months. After his LTC benefit was exhausted, Bobby's death benefit was restored to \$6,250.

Allstate identity protection

Allstate identity protection will monitor your credit reports and help you look after your online activity, from financial transactions to what you share on social media, so you can protect the trail of data you leave behind, prevent fraud and receive assistance remediating any fraud events that might take place.

- Catch fraud at its earliest sign with tri-bureau monitoring and an annual tri-bureau credit report and score
- Lock your TransUnion credit report in a click and get credit freeze assistance
- Get reimbursed for fraud-related losses like stolen 401(k) & HSA funds or fraudulent tax returns with our \$1 million identity theft insurance policy
- Get help disputing errors on your credit report
- See and control your personal data with our unique tool, Allstate Digital Footprint

Monthly rates

Single coverage: \$9.95

Family coverage: \$17.95





Employee assistance program (EAP)

Humana | www.humana.com/EAP | 866.440.6556

We all know that life can be challenging at times. Issues like illness, debt and family problems can leave us feeling worried or anxious and not able to be at our best. The EAP, now sponsored by Humana, offers immediate support and referral to the most appropriate resource to help you and members of your household manage everyday life issues. Confidential services are available 24 hours, seven days a week, at no additional cost to you or your household members.

Here's what the program offers

EAP: Six face-to-face visits with experienced clinicians (per occurrence), without any per-session cost to you. Reasons to call the EAP can vary, but the following are some examples: difficulties in relationships, emotional/psychological issues, stress and anxiety issues with work or family, alcohol and drug abuse, personal and life improvement, depression and grief issues.

WORK-LIFE SUPPORT: Extensive assistance, information, and support to help you achieve a better balance between work, life, and family to help make your life easier. You can access information and self-search locators to find resources and providers that can help you with housing options, childcare, home ownership, pet care, financing college, and more. For confidential assistance, call 866.440.6556 at any time, or log in to the EAP app and website using the login info below.

LEGAL AND FINANCIAL SERVICE: As part of the EAP, you have access to a free 30-minute consultation on issues such as real estate, retirement planning, divorce and separation, budgeting/debt reconstruction, and trusts and estates. Further legal and tax preparation services are discounted 25 percent. You can also take advantage of Identity Theft Services including a 60-minute consultation and a free kit to help you restore your identity if you are a victim of identity theft.

HEALTH RESOURCE LIBRARY: You can access many useful articles, tip sheets, and checklists by calling or signing in to the EAP website. Many helpful topics are available, including relationships, communication, life in the workplace, and emotional well-being. The site also offers dozens of locators that allow you to search for health and wellness information, childcare providers, adoption services, schools and colleges, and much more. Plus, Humana's EAP also offers calculators that can help you with everything from mortgage payment calculations to how much to save for your children's college education.

Humana

For free, confidential assistance:

Call: 866.440.6556 (TTY: 711)

Website: Humana.com/EAP

EAP APP OR WEB LOGIN:

Username: olathe

Password: eap



Contacts

Medical plan

Blue Cross Blue Shield of Kansas City

Customer service: 816.395.2270
Website: www.bluekc.com

Dental

Delta Dental of Kansas

Customer service: 800.234.3375
Website: www.deltadental.com

Vision

VSP

Customer service: 800.877.7195
Website: www.vsp.com

HSA

UMB Bank

Customer service: 866.520.4472
Website: www.hsa.umb.com/individuals

Healthcare and dependent care FSA

WEX (Discovery Benefits)

Customer service: 866.451.3399
Website: www.wexinc.com

Voluntary life, STD, accident, critical illness, and hospital indemnity

The Hartford

Website: www.thehartford.com/employee-benefits/employees

Identity protection

Allstate Identity Protection (Formerly InfoArmor)

Customer service: 800.789.2720
Website: www.myaip.com

Lifetime term benefit insurance

CHUBB

Customer service: 855.241.9891 x3

Employee assistance program

Humana

Confidential Assistance: 866.440.6556
Website: www.humana.com/EAP
Username: olathe
Password: eap

Benefits team

Olathe Public Schools

Customer service: 913.780.8024
Email: benefits@olatheschools.org

Final notes

This summary of benefits is not intended to be a complete description of Olathe Public Schools' insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Olathe Public Schools maintains its benefit plans on an ongoing basis, Olathe Public Schools reserves the right to terminate or amend each plan in its entirety or in any part at any time.

Please contact your human resources department with questions regarding the information provided in this overview.

You may also access the HR webpage at HR/Benefits for full plan documents referenced in the Guide.

Additional programs offered:

Please see below for additional benefits offered to you by Olathe Public Schools for planning for your financial future. These programs do not require action during enrollment, but please be aware they are available to you. For more information regarding these benefits or for any questions, please go to HR website.

- Long-term disability through KPERS
- 403(b) and 457(b) accounts
- KPERS retirement program
- District retirement programs (VERP/VRP)

Open Enrollment

- Monday, October 25 to Friday, November 12
- See page 5 for more info on how to enroll in benefits.

All changes must be made by November 12!

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

